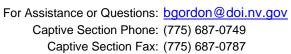
NEVADA ANNUAL CAPTIVE INSURANCE PREMIUM TAX RETURN

2014

Due on or before March 1, 2015

Remit filing and payment to: State of Nevada





Attn: Division of Insurance, Captive Premium Tax 1818 E. College Parkway, Suite 103, Carson City,	NV 89706	•	ction Phone: (775) 68 Section Fax: (775) 68			33
Captive Company Name						
			Company Captive	ID:	Federal ID:	
Captive Legal Address		[. ,			
					_	
		Person	to contact regarding	ng this return:		
				one Number:		
		Ema	il Address:			
CAPTIVE ANNUAL STATEMENT REPO	ORTING SECTION FOR P	URE CAPTIV	E ONLY - Balance	Sheet informat	ion (GAAP Basis)	
	Total Assets:			\$0		
	Total Liabilities:			\$0		
	Total Capital & Surplu			\$0		
	Total Liabilities, Capit Net Income (Loss):	al and Surplu	s:	\$0 \$0		
Mark	Net income (Loss).			φυ		
X Mark if original return						
Mark if amended return filir	ng and include a copy of	the original	return			
	Minimum Annual Tax			694C.450		
Net Direct Premiums	Premium		Tax Rate		Prem	ium Tax
1 \$0 to \$20,000,000	\$0	Х	0.400%			\$0
2 \$20,000,001 to \$40,000,000	\$0	Х	0.200%			\$0
3 Over \$40,000,000	\$0	Х	0.075%			\$0
4 Total Net Direct Premiums (Taxes)	\$0	į				\$0
		•				
Assumed Reinsurance	# 0	v	0.0050/			<u> </u>
5 \$0 to \$20,000,000	\$0	•	0.225%			\$0
6 \$20,000,001 to \$40,000,000 7 Over \$40,000,000	<u>\$0</u>		0.150%			\$0 \$0
8 Total Assumed Premium (Taxes)	\$0	•	0.025%			\$0 \$0
9 Total Premiums (add lines 4 + 8)	\$0		Total Tax Due (add I	ines 1 ± 8)		\$0 \$0
10 Place X in the box if electing of		•		11163 4 + 0)		\$0 \$0
			•			
11 Net Premium Tax due (Line 9 if greater than minim		m tax \$5,000)				\$5,000
12 Enter total previous payments applied to this return						\$0 \$5,000
13 Total Net Amount Due or Credit balance (line 11-1: 14 Amount Enclosed (If a Credit Balance, it will car	•					\$5,000
Please make Checks Payable to: State of Neva	, ,					
riease make checks rayable to. State of Neval	ua Division oi msurance					
PURE CAPTIVE MARCH 1 F						
NON-PURE CAPTIVE "ANNUAL REPORT OF FI		_		HIS RETURN	OR INDEPENDENTLY	ON OR
	BEFORE MARCH	1 PER NRS	694C.400			
NON-PURE CAPTIVES REQUIRED TO AFFIX ONE SIGNATUR	E ON LINE 15. PURE CAPTIVES	REQUIRED TO A	AFFIX SIGNATURES ON L	INE 15 AND 16		
I hereby certify this return is true, correct and complete to	the best of my knowledge					
Signature of taxpayer or authorized agent.	Name and Title of taxpayer or a	uthorized agent		Date	Telephone #	
15						
15		.,.				
Signature - Pure Captives required second signature	Name and Title of Authorized Of	ticer		Date	Telephone #	
16						
	STATE DEE	ARTMENT USE	ONI Y			
Fund Dent/Agency Rat/Appr Unit CL/Object			Amount Rcvd \$		Payment No:	
Fund Dept/Agency Bgt/Appr Unit GL/Object 101 7413100 974100 3067 (75%)	Amount \$3,750	7		/	Verified:	
101 741 3100 381800 4325 (25%)	\$1,250	•	Notes:			_ _
101 171 0100 301000 4023 (2370)	φ1,250	l .	110100.			

NRS 694C.450 (2) The tax on reinsurance premiums pursuant to this subsection must not be levied on premiums for risk or portions of risks which are subject to taxation on a direct basis pursuant to subsection 1 [Net Direct Premiums].

NRS 694C.450 (3) If the sum of the taxes to be paid by a captive insurer calculated pursuant to subsection 1 [Net Direct Premiums] and subsection 2 [Assumed Reinsurance] is less than \$5,000 in any given year, the captive insurer shall pay a tax of \$5,000 for that year.

NRS 694C.450 (7) A captive insurer that is issued a license pursuant to this chapter after July 1, 2003, is entitled to receive a nonrefundable credit of \$5,000 applied against the aggregate taxes owed by the captive insurer for the first year in which the captive insurer incurs any liability for the payment of taxes pursuant to this section. A captive insurer is entitled to a nonrefundable credit pursuant to this section not more than once after the captive insurer is initially licensed pursuant to this chapter.

NRS 694C.450 (8)(b) "Net direct premiums" means the direct premiums collected or contracted for on policies or contracts of insurance written by a captive insurer during the preceding calendar year, less the amounts paid to policyholders as return premiums, including dividends on unabsorbed premiums or premium deposits returned or credited to policyholders. NET DIRECT PREMIUM SHALL NOT BE REDUCED FOR UNEARNED PREMIUM OR CEDED REINSURANCE.

Please make Checks Payable to: State of Nevada Division of Insurance